
SUNSET REVIEW REPORT

Presented to the Joint Legislative Sunset Review Committee
of the California State Legislature
by the

COMMITTEE ON DENTAL AUXILIARIES
of the Dental Board of California

October 1, 2000

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COMMITTEE ON DENTAL AUXILIARIES

2000 Sunset Review Report

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Part 1.

**Committee on Dental Auxiliaries
Of the Dental Board of California**

Background Information and Overview

BACKGROUND

AUTHORITY

In creating the Committee on Dental Auxiliaries (COMDA) in 1974, the Legislature intended to permit the full utilization of dental auxiliaries in order to meet the dental care needs of all the state's citizens (Section 1740, Business and Professions Code).

Full utilization of auxiliaries is generally considered to be the concept of assuring that all possible duties are delegated to auxiliaries, consistent with the protection of the public health and safety, so that services are accessible to as many people as possible.

Since COMDA's inception, it performed all of the auxiliary examination and licensing functions for the Dental Board of California via an administrative agreement between the two entities. Following the 1996 Sunset Review of COMDA, the Joint Legislative Sunset Review Committee (JLSRC) sponsored successful legislation which granted COMDA statutory authority to perform these duties.

Separate legislation enacted at the same time gave COMDA the authority to evaluate all suggestions for regulatory changes, hold informational hearings, and request the reasons in writing if the Dental Board rejects or significantly modifies any of its recommendations.

COMPOSITION

COMDA is comprised of nine members appointed by the Governor. Legislation was enacted in 1998 which changed one of the required Dental Board members to a public member of the Dental Board, and removed a requirement that one member be an RDAEF or RDHEF.

Current COMDA Composition			
Name	Position	Expiration	Appointed by:
Bobbi d'Arc	Registered Dental Assistant	12/31/02	Governor Wilson
Wayne Del Carlo	Dentist who is a member of the Dental Board's Examination Committee	12/31/00	Governor Wilson
Kristy Landgren	Registered Dental Hygienist	12/31/02	Governor Wilson
Rhona Lee	Registered Dental Hygienist in Extended Functions (may be filled by either an RDH or RDHEF)	12/31/02	Governor Wilson
Stephanie Lemos	Registered Dental Hygienist	12/31/01	Governor Wilson
Patricia Morris	Registered Dental Assistant (may be filled by either an RDA or RDAEF)	12/31/02	Governor Wilson
Kit Neacy	Member of the Dental Board (law now states that this position must be filled by a public member of the Dental Board)	12/31/02	Governor Wilson
Diane Owen	Registered Dental Assistant	12/31/01	Governor Wilson
Douglas Yee	Dentist who is not a member of the Dental Board nor a member of the Dental Board's Examining Committee	12/31/01	Governor Wilson

MISSION

In fulfilling its mission of protecting the health, safety, and welfare of consumers, and promoting the full utilization of auxiliaries to meet the dental care needs of all of California's citizens, COMDA has adopted a Strategic Plan and the following goals:

- < support the imposition of the least restrictive form of regulation necessary without compromising public health, safety, or welfare;
- < administer fair, and valid examination and licensing processes;
- < assist the Dental Board in its consumer protection and enforcement efforts;
- < foster the accessibility of dental health care by supporting scopes or practice and supervision levels which allow the most effective utilization of dental auxiliaries;
- < foster the accessibility of dental health care by supporting and advocating the existence of a viable career ladder which allows the most effective utilization of dental auxiliaries;
- < support efforts to educate consumers in order to improve their dental health;
- < develop and maintain the most flexible, responsive, and cost-effective organizational structure possible

PROGRAMS

There are currently nearly 45,000 licensed auxiliaries. COMDA examines and licenses five categories:

- ! **Registered Dental Assistants (RDAs)**
- ! **Registered Dental Assistants in Extended Functions (RDAEFs)**
- ! **Registered Dental Hygienists (RDHs)**
- ! **Registered Dental Hygienists in Extended Functions (RDHEFs)**
- ! **Registered Dental Hygienists in Alternative Practice (RDHAPs)**

AB560 was enacted in 1998, which established a new Registered Dental Hygienist in Alternative Practice category of licensure, which allows certain persons to practice dental hygiene by prescription from a dentist or physician and surgeon in certain settings, rather than under the supervision of a licensed dentist.

COMDA also maintains records of certification of persons who have taken approved courses and are, therefore, allowed to perform the following additional duties:

- ! **Exposure of x-rays on patients**
- ! **Coronal polishing**
- ! **Ultrasonic scaling**
- ! **Administration of local anesthetics**
- ! **Soft tissue curettage**
- ! **Administration of nitrous oxide and oxygen**

In addition, COMDA reviews sites, curriculum, and other qualifications of those seeking approval of the Dental Board to offer Registered Dental Assistant Educational Programs, Radiation Safety Programs, Coronal Polishing Courses, and Ultrasonic Scaling Courses.

Licensing Data	FY 1996/97	FY 1997/98	FY 1998/99	FY 1999/00
Total Licensed	39,454	41,365	42,964	44,425
By Category:				
- RDA	25,983	27,528	28,715	29,868
- RDAEF	451	510	579	654
- RDH	13,015	13,319	13,644	13,870
- RDHEF	5	8	8	12
- RDHAP	-	-	18	21
Applications Received	8,335	6,848	7,627	8,414
By Category:				
- RDA	7,967	6,445	6,858	7,641
- RDAEF and RDHEF	59	79	94	107
- RDH	309	324	657	663
- RDHAP	-	-	18	3
Licenses Issued	2,735	3,195	2,941	3,003
By Category:				
- RDA	2,234	2,667	2,348	2,410
- RDAEF	51	80	71	91

- RDH	448	445	503	496
- RDHEF	2	3	1	3
- RDHAP	-	-	18	3
Renewals Issued	19,456	19,597	20,753	21,026
By Category:				
- RDA	12,683	12,793	13,792	13,891
- RDAEF	220	241	275	291
- RDH	6,552	6,559	6,685	6,834
- RDHEF	1	4	1	10
- RDHAP	-	-	3	11

Note: COMDA does not maintain data on the number of Applications and Licenses denied, since all enforcement activity is performed by the Dental Board.

BUDGET AND STAFF

COMDA has an authorized staff of 8.5 positions, and FY 2000/01 budget of about \$1,555,000. All funds are derived solely from auxiliary application, examination, and renewal fees. They are deposited into the State Dental Auxiliary Fund, a special fund separate from the State Dentistry Fund.

CURRENT FEE SCHEDULE AND RANGE

Fees are relatively low, and have essentially been stable for many years.

Fee Schedule		
TYPE OF FEE	CURRENT FEE	STATUTORY MAXIMUM
Application	20	20
Examination - RDA Written	50	50
Examination - RDA Practical	55	60
Examination - EF Clinical	200	250
Examination - RDH Clinical	155	220
Biennial Renewal	35	80
Duplicate License	25	25

The majority (52%) of COMDA's annual revenue has come from the renewal of licenses, which dental licensees must pay every two years on the last day of the month of their birthday. During the last four fiscal years, an average of 67% of revenue has come from RDA applicants and licensees, 30% from RDHs, and 3% from EFs.

The primary sources and amounts of annual revenue over the past four fiscal years are presented below.

Sources of Revenue by Type					
	<i>FY96/97</i>	<i>FY97/98</i>	<i>FY98/99</i>	<i>FY99/00</i>	<i>Average</i>
App/Exams	\$422,208	\$401,561	\$380,690	\$397,975	\$400,607
Renewals	\$582,090	\$569,707	\$431,716	\$488,630	\$518,036
Delinquencies	\$39,195	\$43,161	\$41,653	\$44,120	\$42,032
Other	\$7,200	\$6,475	\$7,370	\$9,590	\$7659
TOTAL	\$1,050,693	\$1,029,904	\$861,429	\$940,315	\$968,334

Sources of Revenue by License Category					
	<i>FY96/97</i>	<i>FY97/98</i>	<i>FY98/99</i>	<i>FY99/00</i>	<i>Average</i>
RDA	\$725,148	\$691,504	\$564,054	\$614,580	\$648,821
RDH	\$298,170	\$300,895	\$262,740	\$283,575	\$286,345
RDAEF and RDHEF	\$20,175	\$30,710	\$27,105	\$32,225	\$27,554
HAP		\$320	\$160	\$345	\$206
Miscellaneous	\$7,200	\$6,475	\$7,370	\$9,590	\$7659
TOTAL	\$1,050,693	\$1,029,904	\$861,429	\$940,315	\$970,585

REVENUE AND EXPENDITURE HISTORY/FUND CONDITION

In January, 1995, the biennial renewal fee was reduced from \$40 to \$30, which was further reduced in April, 1998, to \$20 every two years. In order to assure a stable revenue source over the next five years, while reducing the reserve as quickly as possible, the 2-year renewal fee was increased in April, 2000, to \$35, which is still lower than the fee in effect prior to 1995.

If the fee had been maintained at the \$20 level, COMDA would have been in a deficit position in FY 2000-01 due to budget augmentations to computerize the RDA written examination, revise the Dental Auxiliary Handbook of Laws and Regulations, and issue biannual newsletters informing auxiliaries of law, regulation, and procedural requirements and changes.

In order to assure that applicants pay the costs of their applicable examinations, the fee for the RDA written examination was raised from \$35 to \$50 in November, 1999. For the same reason, the fee for the RDA practical examination was increased from \$45 to \$55 in August, 2000.

All other fees have remained the same since at least 1992. The Table below shows COMDA's past and projected revenues, expenditures, and fund condition. The increase in revenue shown in Fiscal Year 2000-2001 is due to the collection by COMDA of RDA written examination fees, which were previously collected by the test administrator, the Dental Assisting National Board.

Past and Projected Revenues, Expenditures, and Fund Condition								
	1996-97	1997-98	1998-99	1999-00	2000-01	2001-02	2002-03	2003-04
Beginning Reserves, July 1	1,159,483	1,128,384	1,189,407	1,154,154	961,973	855,654	791,872	694,806
Prior Year Adjustments								
Revenue	24	0	458	3,486				
Expenditures	10,603	1,173	0					
Total Adjustments	10,627	1,173	458	3,486				
Total Adjusted Reserves	1,170,110	1,129,557	1,189,865	1,157,640	961,973	855,654	791,872	694,806
Revenue								
License Fees	941,742	1,023,091	858,375	939,497	1,331,610	1,331,610	1,331,610	1,331,610
Interest	64,659	70,285	70,870	67,165	40,745	37,708	33,086	26,771
Budget Act Transfers								
91/92 Gen. Fund Return	75,699		237,870		76,325			
Total Revenue & Transfers	1,082,101	1,093,377	1,167,115	1,006,662	1,448,681	1,369,318	1,364,696	1,358,381
Total Resources	2,252,211	2,222,934	2,356,980	2,164,302	2,410,654	2,224,972	2,156,568	2,053,187
Expenditures								
Budget Expenditures	1,248,112	1,211,620	1,405,366	1,413,706	1,555,000	1,433,100	1,461,762	1,490,997
Reimbursements	(125,064)	(178,847)	(203,162)	(211,512)				
SCO Charge	779	754	623	135				
Total Expenditures	1,123,826	1,033,527	1,202,826	1,202,329	1,555,000	1,433,100	1,461,762	1,490,997
Reserve, June 30	1,128,384	1,189,406	1,154,154	961,973	855,654	791,872	694,806	562,189
Months in Reserve	13.1	11.9	11.2	7.4	7.2	6.5	5.6	4.4

EXPENDITURES BY PROGRAM COMPONENT

The Table presented below shows COMDA's expenditures by the following components: Licensing, Enforcement, Examination, Licensing, and Administrative, and Diversion.

The vast majority of COMDA's expenditures are directed toward examination and licensing, the only duties it has been statutorily mandated to perform. All consumer education, complaint handling, and enforcement are handled by the Dental Board. The calculations for Administrative expenditures were changed in FY99/00 to more accurately apply Statewide and Departmental pro-rata across all components, rather than attributing them primarily to Administrative expenditures as had been done in the past.

Expenditures by Program Component				
Source	FY97/98	FY98/99	FY99/00	FY99/00 %
Enforcement	\$83,288	\$121,693	\$98,716	8 %
Examinations	\$592,499	\$663,721	\$900,343	75 %
Licensing	\$293,382	\$295,756	\$160,192	13 %
Administrative	\$56,595	\$89,425	\$8,960	1 %
Diversion (if applies)	\$7,763	\$32,231	\$34,118	3 %
Total Net Expense (excluding fingerprint expense and reimbursement)	\$1,033,527	\$1,202,826	\$1,202,826	100 %

Note: FY96/97 statistics are not available.

LICENSURE REQUIREMENTS

EDUCATION, EXPERIENCE AND EXAMINATION REQUIREMENTS

◆ REGISTERED DENTAL ASSISTANTS (RDA)

License Requirements

Applicants for RDA licensure must have (1) graduated from a Board-approved RDA educational program of a minimum of 720 hours (approximately 8 months); or, (2) completed at least 18 months of satisfactory paid work experience as a dental assistant with a licensed dentist(s) in the United States; or (3) completed a Department of Education approved 4-month educational program, and 14 months of

work experience.

In 1998, the Department of Consumer Affairs sponsored successful legislation for COMDA and the Board, whereby applicants are now allowed to use experience gained outside of California to meet the work experience requirement. COMDA and the Board wish to pursue legislation to reduce the experience requirement from 18 months to 12 months.

Once determined qualified, applicants must successfully complete both a written and practical examination.

Licensure Examinations

The following Table shows the historical pass rates on both examinations.

RDA Practical and Written Examination Pass Rates				
	<i>FY96/97</i>	<i>FY97/98</i>	<i>FY98/99</i>	<i>FY99/00</i>
Practical Exams Administered	4,656	4,191	3,587	3,915
- Pass %	49%	65%	68%	65%
Written Exams Administered	3,307	3,109	3,271	3,726
- Pass %	73%	80%	76%	72%

The content of the RDA practical examination is defined by regulation, which specifies that one or more of ten possible job-related procedures be tested during any given exam session. The examination is conducted on a typodont (a plastic model of jaws with teeth), and is graded by two independent examiners, each of whom have a minimum of five (5) years of experience practicing as an RDA and extensive training on the examination criteria.

Based on an occupational analysis conducted in 1993, the examination was evaluated for relevance and validity, and substantially changed by eliminating several testable duties that unlicensed persons could perform. Through input provided at many informational hearings and Task Force studies recently completed, COMDA sought and received Board approval to limit the examination to two procedures found to be the most frequently performed, job-related duties, in 2001.

In addition, it is anticipated that the examination will be administered on a monthly basis (rather than 3 exam cycles annually) beginning in January, 2001.

The RDA written examination is currently administered for COMDA by the Dental Assisting National Board (DANB), a non-profit organization, in concert with COMDA's RDA Written Test Construction Subcommittee.

The examination is a test of knowledge of RDA job functions, duties, and settings as defined in the California Dental Practice Act. The examination covers nutrition and

preventive dentistry; dental materials; oral anatomy and physiology, oral pathology; pharmacology; morphology; microbiology, dental assisting procedures in general and specialty dentistry; legal and ethical aspects of dentistry; four-handed chairside dental assisting, x-ray, and sterilization; and laboratory and office emergency procedures.

The content of the written examination was revised based on the occupational analysis conducted in 1993, to assure job-relatedness and focus on RDA duties and safety issues rather than unregulated dental assistant duties.

Beginning with the 2001 examinations, COMDA will migrate to a computerized system administered under the Department of Consumer Affairs' Master Service Agreement with Experior. DANB will continue to provide psychometric services in terms of examination construction and item bank analysis.

As a result, applicants will be able to take the examination on a date and location most convenient to them.

Another occupational analysis of RDA practitioners is scheduled for FY00/01.

The following table shows average times from application to license issuance. This indicated time includes a 60-day period by which applications must be filed prior to examination, as specified in regulation, which is the period during which applications are evaluated, criminal histories evaluated, and examinations scheduled.

<i>RDA – Average Days to Receive License</i>	<i>FY 1996/97</i>	<i>FY97/98</i>	<i>FY98/99</i>	<i>FY99/00</i>
Application to Examination*	60	60	60	60
Examination to Issuance**	13	12	10	11
Total Average Days	73	72	70	71

COMDA routinely surveys examinees to determine their satisfaction with certain processes, and to obtain their recommendations for increasing service levels. Results show high levels of satisfaction with the ease of application instructions and forms (91%), the length of the open filing period (87%), efficiency of the exam process (95%), instructions during the exam process (94%), and the attitudes of exam personnel (96%).

Allowable Duties

COMDA successfully sought a regulatory change by the Board in 1999 and 2000 to allow RDA's to bleach teeth and fabricate temporary crowns intra-orally.

◆ REGISTERED DENTAL HYGIENIST (RDH)

License Requirements

RDH licensure applicants must have graduated from a Dental Hygiene educational program accredited by the Joint Commission on Dental Accreditation (a minimum of a 2-year college program) and completed expanded functions courses if such expanded functions were not included in the program's course of instruction. Applicants must also have passed the National written examination.

Qualified applicants must then successfully complete a COMDA-administered clinical examination.

Licensure Examination

The following Table shows the historical pass rate on the examination.

RDH Clinical Examination Pass Rates				
	<i>FY96/97</i>	<i>FY97/98</i>	<i>FY98/99</i>	<i>FY99/00</i>
Clinical Exams Administered	561	574	657	661
- Pass %	80%	77%	76%	75%

The content of the RDH clinical examination is specifically defined by regulation, and takes about three (3) hours to complete. Each examination is graded by two independent examiners, each of whom have at least five (5) years of licensed work experience as an RDH and extensive training in the examination criteria.

The examination consists of the performance of an oral prophylaxis on a human patient, which includes:

- (1) an examination of the patient, who must meet specific criteria;
- (2) periodontal probing of one or two quadrants;
- (3) complete scaling and root planing of one or two quadrants, which includes the complete removal of calculus, soft deposits and plaque, and smoothing of the unattached tooth surfaces, under local anesthesia.

COMDA conducted an occupational analysis of this profession in 1998, and is currently utilizing the results to evaluate the clinical examination. While the examination has not previously been validated, it is well recognized that the above tested procedures are the duties that are by far the most integral to the practice of dental hygiene.

The following table shows average times from application to license issuance. This indicated time includes a 30-day period by which applications must be filed prior to examination, as specified in regulation, which is the period during which applications are evaluated, criminal histories evaluated, and examinations scheduled. For the first

exam in FY 00/01 (not reported below), the Total Average Days was reduced to 42 days.

<i>RDH – Average Days to Receive License</i>	<i>FY 1996/97</i>	<i>FY97/98</i>	<i>FY98/99</i>	<i>FY99/00</i>
Application to Examination	30	30	30	30
Examination to Issuance*	25	15	22	19
Total Average Days	55	45	52	49

COMDA routinely surveys examinees to determine their satisfaction with certain processes, and to obtain their recommendations for increasing service levels. Results show high levels of satisfaction with the ease of application instructions and forms (96%), the length of the open filing period (94%), efficiency of the exam process (98%), instructions during the exam process (98%), and the attitudes of exam personnel (99%).

Allowable Duties

Board regulations were changed in 2000 to allow RDH's to irrigate subgingivally with antimicrobial and/or antibiotic liquid solutions.

◆ EXTENDED FUNCTIONS (RDAEF and RDHEF)

License Requirements

A licensed RDA with coronal polishing certification, or an RDH with expanded function certifications, may apply for licensure as an RDAEF or RDHEF after completing a specific Board-approved course affiliated with a dental school, which must be a minimum of 90 hours in length.

Qualified applicants must then successfully complete a COMDA-administered clinical examination.

Licensure Examination

The following Table shows the historical pass rate on the examination.

EF Clinical Examination Pass Rates				
	<i>FY96/97</i>	<i>FY97/98</i>	<i>FY98/99</i>	<i>FY99/00</i>
Clinical Exams Administered	59	108	96	85
- Pass %	86%	84%	77%	76%

The examination is graded independently by two dentists or EF's, each of whom have been licensed to practice for at least five years.

The content of the EF examination is specifically defined by regulation, and includes the performance of the following procedures on a human patient during one 30-minute and one 45-minute session:

- (1) cord retraction of gingivae for an impression procedure, and
- (2) taking of an impression for a cast restoration.

Prior to 1996, EF candidates also had to take and pass a third procedure, which involved the fitting of trial endodontic filling points. Based on a survey of all practitioners in 1994, it was found that more than 60% had never performed this procedure in real practice. Therefore, COMDA successfully sought a regulatory change by the Board to eliminate this examination requirement.

The two procedures tested above, of seven specific duties that EF-s are allowed to perform, are the most commonly performed procedures, with more than 50% of 1994 survey practitioners performing them 6 or more times per week.

COMDA conducted an occupational analysis of this profession in 1998, and is currently utilizing the results to evaluate the clinical examination.

The following table shows average times from application to license issuance. This indicated time includes a 30-day period by which applications must be filed prior to examination, as specified in regulation, which is the period during which applications are evaluated, criminal histories evaluated, and examinations scheduled.

<i>EF – Average Days to Receive License</i>	<i>FY 1996/97</i>	<i>FY97/98</i>	<i>FY98/99</i>	<i>FY99/00</i>
Application to Examination	30	30	30	30
Examination to Issuance	8	6	13	3
Total Average Days	38	36	43	33

COMDA routinely surveys examinees to determine their satisfaction with certain processes, and to obtain their recommendations for increasing service levels. Results show high levels of satisfaction with the ease of application instructions and forms (100%), the length of the open filing period (93%), efficiency of the exam process (94%), instructions during the exam process (100%), and the attitudes of exam personnel (100%).

Allowable Duties

COMDA successfully sought a regulatory change by the Board in 1999 and 2000 which allows EF to perform two new duties: remove excess cement from subgingival tooth surfaces with a hand instrument, and apply etchant for bonding restorative materials.

◆ REGISTERED DENTAL HYGIENIST IN ALTERNATIVE PRACTICE (RDHAP)

Effective January 1, 1998, a new category of licensure was established by AB560 (Perata): Registered Dental Hygienist in Alternative Practice (RDHAP). Once licensed, an RDHAP may practice as an employee of a dentist or of another registered dental hygienist in alternative practice, as an independent contractor, or as a sole proprietor of an alternative dental hygiene practice.

They may perform the duties established by Dental Board regulation in the following settings:

- (1) Residences of the homebound.
- (2) Schools.
- (3) Residential facilities and other institutions.
- (4) Dental health professional shortage areas, as certified by the Office of Statewide Health Planning and Development.

An RDHAP may only perform allowable services for a patient who presents a written prescription for dental hygiene services issued by a dentist or physician and surgeon licensed to practice in this state who has performed a physical examination and a diagnosis of the patient prior to a prescription being provided. The prescription shall be valid for a time period based on the dentist's or physician and surgeon's professional judgment, but not to exceed 15 months from the date that it was issued.

Applicants for RDHAP licensure are required to hold a current RDH license, have been engaged in clinical practice as a dental hygienist for a minimum of 2,000 hours during the immediately preceding 36 months, possess a bachelor's degree or its equivalent, complete 150 hours of approved coursework, and pass a written examination prescribed by the Dental Board.

COMDA appointed a Subcommittee in early FY99/00 to develop a written examination outline, which was approved by COMDA and the Board in early 2000. An examination will be constructed by the end of calendar year 2000.

However, no programs have yet been submitted to the Dental Board seeking approval to offer the coursework, so the only persons licensed to practice thus far are those who completed the employment phase of a prior Health Manpower Pilot Project and established an independent practice by June 30, 1997, whom the law

“grandfathered”. Individuals meeting these requirements must complete an application, and pay a \$20 application fee and a \$56 fingerprint fee. A license is issued immediately once the applicant's criminal history background investigation has been completed.

In FY98/99, COMDA issued 18 RDHAP licenses to those who met the above requirements, and 3 in FY99/00.

CONTINUING EDUCATION/COMPETENCY REQUIREMENTS

Under current law, there is no requirement for re-certification. However, if a license has not been renewed after a period of five years, the license is cancelled and the person may be required to again pass the licensure examination to ensure that knowledge is current and skills proficient.

Continued competency is currently addressed through the continuing education requirement. RDA's, RDH's, and EF's are required to complete 25 hours of continuing education, and RDHAP's 35 hours, including a course in basic life support, every two years.

Regulations define those courses considered to be outside the scope of dental continuing education which include those that are unrelated to dentistry and dental practice, or related very indirectly.

During the 1998-99 renewal period, dentists and auxiliaries were required to take 3 hours in California law and 4 hours in Infection Control. In 41 other states, auxiliaries are required to complete continuing education units ranging from 12 to 30 hours every two years.

COMITY/RECIPROCITY WITH OTHER STATES

A person licensed as a dental auxiliary by another jurisdiction, whether another state or country, must qualify in the same manner as any other applicant, since licensed California auxiliaries are allowed to perform many duties that auxiliaries are not allowed to perform elsewhere. The skill level of candidates cannot be determined without a demonstration that they are minimally qualified to perform the duties which California law and regulations will allow them to perform once licensed. Neither in-state nor out-of-state applicants are allowed to practice prior to licensure.

As stated earlier, legislation sought by COMDA was enacted effective January 1, 2000, to allow RDA applicants to use experience gained outside of California in qualifying for the licensure examinations.

ENFORCEMENT ACTIVITY

COMDA is not authorized by statute, nor administratively by the Dental Board of California, to perform any enforcement activity related to auxiliary applicants or licensees. Instead, COMDA reimburses the Dental Board for its investigative and diversion services, and pays the Office of the Attorney General for services directed by the Dental Board for auxiliary enforcement cases.

CONSUMER OUTREACH AND EDUCATION

The Committee has not been delegated any responsibilities by the Board in the area of consumer education.

However, COMDA has maintained an extensive website for over two years which can assist consumers in terms of the duties which auxiliaries are legally allowed to perform.

INTERNET SERVICES

As noted above, COMDA has maintained a user-friendly website since March, 1998. Perhaps as a result, the number of phone calls received has decreased from about 25,000 annually in FY1996-97 to about 16,700 in FY 1999-2000 (a decline of about 33%), while the licensing populations and other workload parameters either rose or remained stable.

The website provides the public with all of the laws and regulations governing dental auxiliary practice, including allowable duties and prohibited practices, and provides information on how to file complaints against practitioners with The Dental Board, or against COMDA itself. The site also provides the following information:

1. Notices of COMDA and Subcommittee meetings, text of agenda items, and minutes.
2. Downloadable forms and instructions for all licensing categories.
3. Downloadable information about each examination.
4. The ability to change licensee addresses online.
5. A "FAQ" (Frequently Asked Questions) section providing answers to the most frequently received questions by COMDA.
6. Links to the Department of Consumer Affairs' "Look-Up" web pages whereby the status of all dental auxiliary licenses and disciplinary history can be viewed.

7. Special notices about recent policy, regulations, and law changes.

COMDA's online presence has recently been enhanced by implementation of the Department of Justice's Live Scan program, whereby applicants can have their fingerprints rolled at a local site, which are then electronically transmitted to DOJ, and the criminal history results later transmitted to COMDA. This allows applicants who must obtain an official Application form just shortly before a filing deadline to download all necessary forms from the internet, whereas in the past they were required to request and receive fingerprint "hard cards" from COMDA which had to accompany their Application.

The most difficult challenge COMDA has encountered in its efforts to provide accurate and timely information to the public is the current inability to link directly to pertinent regulations in the California Code of Regulations. Instead, COMDA must maintain and carefully update its own duplicative database of regulations, unlike its ability to easily link to all of the statutes maintained by the Legislative Counsel.

Depending on future resources and the abilities to integrate all computer systems maintained by the Department, assure data security, and accept digital signatures for documents that must be signed, COMDA believes the following online capabilities may assist the public in terms of increased convenience and timeliness, and reduction of postage costs and paper use:

1. Filing of applications if accompanied by credit card payment of fees and digital signature.
2. Applicant access to examination results.
3. Direct address change access by licensees.
4. Renewal of licenses if accompanied by credit card payment of fees and digital signature.

Part 2.

Committee on Dental Auxiliaries
Of the Dental Board of California

**COMDA's Response to Issues Identified and
Former Recommendations Made by the
Joint Legislative Sunset Review Committee**

PRIOR ISSUES

Senate Bill 2036 (Chapter 908, Statutes of 1994) requires periodic legislative review of all boards within the Department of Consumer Affairs.

The first COMDA Sunset Review Report was a comprehensive report on all aspects of COMDA's activities submitted to the Joint Legislative Sunset Review Committee (JLSRC). As a result, the JLSRC authored legislation, SB826, extending COMDA's sunset date to July 1, 2002.

One of the JLSRC's Findings and Recommendations, issued in April, 1997, was that COMDA should continue to be the state agency delegated responsibility for the regulation of dental auxiliaries, subject to organizational changes with the Board of Dental Examiners {deletion of their separate statutory Auxiliary Committee}.

It concluded that COMDA's current role and responsibilities should be codified, and that COMDA should manage its duties as a direct statutory committee of the Dental Board. The JLSRC decided not to take a position on whether or not to create an independent licensing board for dental auxiliaries at that time.

This recommendation was addressed by SB826, as was the extension of COMDA's sunset date, by placing into statute the duties which COMDA had been historically delegated by the Dental Board, and making COMDA a direct statutory committee of the Board, effective January 1, 1998.

In addition, SB713 (Rosenthal), also effective January 1, 1998, amended and added laws providing that COMDA shall evaluate all suggestions for regulatory changes, may hold informational hearings, and may request the reasons in writing if the Board rejects or significantly modifies any of its recommendations.

The second and final finding of the JLSRC was that the composition of COMDA should be reviewed, seeking input from all interested parties to strike a proper balance of representation.

Following the JLSRC's findings and recommendations, SB713 (Rosenthal), sponsored by the California Dental Hygienists' Association and effective January 1, 1998, changed the composition of COMDA by requiring that the member of COMDA who must also be a member of the Board, must be a public member of the Board, and that an RDHEF and RDAEF will be appointed, if available.

Following is a summary of COMDA's view of the impact of the above legislation:

1. Codification of COMDA Duties and Responsibilities

COMDA has continued to perform the same responsibilities as it had before codification of its duties and responsibilities, but perhaps has done so with a larger measure of confidence knowing that the Board is unable to administratively remove those duties from COMDA's administration at will.

2. Direct Reporting to the Board

Elimination of the Board's separate Auxiliary Committee, thereby allowing COMDA to report directly to the Board or its Examination or Enforcement Committees instead of the Board's Auxiliary Committee, has been more efficient administratively and allows more Board members to learn of the reasons and justifications for COMDA's recommendations directly.

3. Evaluation of Regulatory Change Requests and Holding of Informational Hearings

All requests for regulatory changes have been referred to COMDA for its input, and COMDA has held a number of Informational Hearings relating to those proposals and other issues.

4. Rejection or Significant Modification of COMDA Recommendations

Since the last Sunset Review, COMDA has made a large number of recommendations to the Board, many of which were accepted by the Board. Several were rejected or significantly modified:

➤ Proposed Additional RDH Duties

The Board rejected COMDA's recommendation in May, 1999, that RDH's be allowed to place antimicrobial and antibiotic medicaments that do not later have to be removed, under general supervision. A Board motion also failed that would have allowed RDH's to perform this duty under direct dentist supervision.

COMDA's recommendation followed an extensive occupational analysis of RDH practice, meetings and hearings held by a special COMDA Subcommittee, COMDA meetings, and a joint COMDA/Board hearing.

COMDA requested on May 14, 1999, that the reasons for the Board's rejection of the recommendation be placed in writing, which was issued July 16, 1999. The Board's summary reasons were that "1. the newness of the products being considered for application and potential harm to the public. 2. Only allowing dentists to place these medicaments and to complete the necessary follow-up on the safety and efficacy of these products better serves the public at this time."

"The Board feels that the issue should be reevaluated in one year, subsequent to dentists having a greater opportunity to evaluate the negative consequences of the use of these medicaments in order to ensure maximum safety to the public."

Since that time, the Board adopted a regulatory change allowing RDH's to irrigate subgingivally with antimicrobial and/or antibiotic liquid solutions, but not the placement of antibacterial-impregnated cord, dissolving chips, gels or other non-liquid medicaments.

➤ **Proposed Additional EF Duties**

The Board rejected COMDA's recommendation in August, 1999, that EF's be allowed to place, condense, carve, and polish amalgams, and place composites, under direct dentist supervision.

COMDA's recommendation followed an extensive occupational analysis of EF practice, meetings and hearings held by a special COMDA Subcommittee, COMDA meetings, and a joint COMDA/Board hearing.

COMDA requested on August 20, 1999, that the reasons for the Board's rejection of the recommendation be placed in writing, which was issued December 2, 1999, and amended December 9, 1999, and February 15, 2000. The Board's summary reasons were that "members expressed concern that allowing extended functions auxiliaries to place, carve, condense and polish amalgams and to place direct composites, is not in the public's best interest."

➤ **Implementation of AB560 – New RDHAP Licensure Classification**

AB560 (Perata), sponsored by the California Dental Hygienist's Association, established a new category of auxiliary licensure: Registered Dental Hygienist in Alternative Practice effective January 1, 1998.

The law required that by January 1, 1999, the Dental Board, upon recommendations of COMDA that must have been made no later than February 15, 1998, shall adopt

regulations prescribing the content for the 150 hours of required coursework, and the duties that RDHAP's would be permitted to perform.

The new laws further provided that if the board did not adopt such regulations, the coursework and duties for alternative dental hygiene practice that were established under the auspices of the Health Manpower Pilot Project would govern RDHAP practice until 30 days following the date on which the board adopts such regulations.

During 1998, COMDA issued 17 RDHAP licenses to "grandfather" those RDHAP's who had entered the employment phase of the past HMMP, as directed by the provisions of the new laws.

In January, 1998, COMDA recommended a number of new regulations to implement all provisions of the new laws, which included duties which could be performed by a general prescription, and those that could be performed by a specific prescription. The recommendations were reviewed by the Board's Legislative Committee and a Board Ad Hoc Committee in March, 1998.

They recommended that the Board revise COMDA's recommendation that certain duties be performed by a general prescription and some by specific prescription, and instead recommended that RDHAP's be allowed to perform fewer duties than proposed by COMDA. The recommendations also included a requirement that any duties to be performed must be specified in the prescription, as well as several technical amendments.

The Board considered its two Committee's recommendations, which were largely accepted, and the regulations were referred for regulatory hearing. At the Board's regulatory hearing in August, 1998, it decided to change the regulations to allow RDHAP's to perform all duties that RDH's are allowed to perform under general supervision, rather than restricting the duties.

The rulemaking file was disapproved by AOL in August, 1999, for technical clarity and consistency reasons. In May 2000, the Board revised the regulations to eliminate the requirement that the referring prescription must describe the specific duties that the RDHAP can perform, and all regulations governing RDHAP's are now in effect.

No RDHAP educational programs have been submitted to the Board for approval to date; therefore, no new licenses are expected to be issued in the near future, since applicants must complete both an approved RDHAP educational program and pass a written examination.

5. Composition

The statutory change in COMDA's composition (requiring that the designated member who is a member of the Dental Board be a public member of the Dental

Board, and that the EF members will be appointed only if available) has had no impact, since the positions were filled prior to enactment of the statutory change and the terms have not expired.

NEW ISSUES

1. Registered Dental Assistant (RDA) Work Experience Requirement

Currently, applicants for Registered Dental Assistant (RDA) licensure must either complete a Dental Board-approved educational program of approximately 8 months duration, or 18 months of qualifying work experience with a dentist licensed in one of the states of the United States.

COMDA and the Dental Board believe that RDA's should only be required to acquire 12 months of work experience rather than 18 months, to provide a more equitable time commitment between the two tracks of qualification.

At the same time, COMDA and the Board believe that new applicants should be required to complete approved courses in radiation safety and coronal polishing prior to licensing, and that existing RDA licensees be required to take such courses within a specific period of time.

Currently, an RDA must take such courses after licensure if they wish to perform these duties, which means that there are really four different RDA categories, those who, in addition to other specified duties: (1) may not perform either of these critical duties; (2) may expose radiographs, but not perform coronal polishing; (3) those who may not expose radiographs, but may perform coronal polishing; and (4) those who may both expose radiographs and perform coronal polishing.

As a result, there is considerable confusion in the dental community as to allowable duties, which reportedly results in significant unlawful activity. Requiring RDA's to take both courses as a part of licensure would improve consumer protection with regard to the performance of potentially hazardous duties by untrained, unlicensed auxiliaries.

This would require an amendment to Section 1753 of the Business and Professions Code.

2. Examiner Pay Levels

Currently, Business and Professions Code Sections 1621.1 and 1621.4 specify that examiners who perform as examiners for the dental licensure examination and the Registered Dental Hygiene (RDH) examination may be paid a maximum of \$100 per

day, the same as Dental Board and COMDA members. This prohibition has been in effect for over 29 years.

COMDA also employs examiners who grade the Extended Function (EF) and Registered Dental Assistant (RDA) examinations, who are not subject to this prohibition, nor does it seem to apply to any other Boards.

The current restriction has begun to unduly effect COMDA's ability to recruit and retain qualified RDH examiners, who must work 10-12 hour exam weekends, in addition to their normal work week. Preliminary analysis has shown that a more appropriate pay level would only result in an additional expenditure of about \$70,000 annually.

Since examiners are in fact contractors with various degrees of expertise, it would be more appropriate for RDH examiners to be removed from these sections of law, which would allow COMDA and the Board to determine through the regulatory or administration process what the appropriate rate of pay should be to attract and retain qualified personnel.

This would require an amendment to Sections 1621.1 and 1621.4 of the Business and Professions Code.

3. Required Meetings in Sacramento and Los Angeles

Business and Professions Code Section 1749 requires, in part, that COMDA hold at least one meeting per year in Sacramento and one in Los Angeles. Typically COMDA meets 4 to 5 times per year.

It is not known why the requirement was placed into statute. It places an unwieldy restriction on COMDA's attempt to coordinate its meetings with the Dental Board of California, in efforts to increase communication between the two bodies, and does not allow scheduling of meetings where the most public interest and attendance is expected.

4. Creation of a Separate Board to Regulate Dental Auxiliaries

SB1215 (Perata) was introduced in 2000, which is now inactive, that would have created a Board, separate from that of the Dental Board of California, to regulate dental auxiliaries.

COMDA has not taken a position on such legislation in the past, and does not intend to do so if similar legislation is introduced in the future, for two primary reasons:

- a. COMDA's support of or opposition to the concept of a separate board, or even additional regulatory duties, would not contribute to a meaningful discussion of the issue(s), since any position could be viewed as self-serving.

b. COMDA is a committee within the statutory jurisdiction of the Dental Board of California. As such, it has historically not taken public positions that may be contradictory to those of its statutory Board.

In view of the above, COMDA will certainly provide any factual data that may be requested, but recommends that the Legislature rely on whatever other sources it believes appropriate to determine the feasibility and desirability of creating such a board.